

215037353
60211

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 036	Agency Case No. B5-084947	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/13/2015		TIME OF ACCIDENT 1400	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1406	09/14/2015	
B	68	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N 56th St			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY R st				
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b
DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
VEHICLE NO. 1						
F	1	DRIVER LICENSE NO.	H13195886		STATE (Of License)	NE
V1/N	2	DRIVER	JULIE R HAGER		PHONE	4028030769
V2/N	2	DRIVER ADDRESS	527 N 8TH ST, SEWARD, NE 68434		DATE OF BIRTH (MM / DD / YYYY)	07/26/1981
G	4	OWNER	JULIE HAGER		PHONE	4028030769
H	5	OWNER ADDRESS	527 N 8TH STREET, SEWARD, NE 68434		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB478337
V1/O	2	LICENSE PLATE	PA NO.	16R802	YEAR (Plate Expires)	2016
V2/O	2	VEHICLE	2006	Chevrolet	MODEL	BLS
I	1	VEHICLE ID NO. (VIN)	1G1AK55F767711518		COLOR	white
J	01	TOWED TO	101 Charleston		TOWED BY	Capital Towing
K	02	POLICY NO.	106 4226-E13-27			
VEHICLE NO. 2						
F	1	DRIVER LICENSE NO.	E02126452		STATE (Of License)	NE
V1/P	1	DRIVER	MARK S KUNZ		PHONE	4024997291
V2/P	1	DRIVER ADDRESS	4020 JERSEY CIR, LINCOLN, NE 68504		DATE OF BIRTH (MM / DD / YYYY)	12/19/1957
J	01	OWNER	MARK S KUNZ / Kimberly A Kunz		PHONE	4024997291
K	02	OWNER ADDRESS	4020 JERSEY CIR, LINCOLN, NE 68504		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q	1	LICENSE PLATE	TE NO.	SSX933	YEAR (Plate Expires)	2015
V2/Q	1	VEHICLE	2006	Dodge	MODEL	SQ1
V3/Q	1	VEHICLE ID NO. (VIN)	1D7HU182X6S637399		COLOR	black
V4/Q	1	TOWED TO	4020 Jersey Cir		TOWED BY	Capital Towing
V5/Q	1	POLICY NO.	PAW244235			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	1	NAME	Emma J Hager 555 C St, Ulysses, NE 68669		DATE OF BIRTH (MM / DD / YYYY)	12/21/1995
VEH. #	2	NAME	Kimberly A Kunz 4020 Jersey Cir, Lincoln, NE 68504		DATE OF BIRTH (MM / DD / YYYY)	03/13/1961
VEH. #	3	NAME			DATE OF BIRTH (MM / DD / YYYY)	
VEH. #	4	NAME			DATE OF BIRTH (MM / DD / YYYY)	
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VEH. #	193	NAME			DATE OF BIRTH (MM / DD / YYYY)	
VEH. #	194	NAME				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

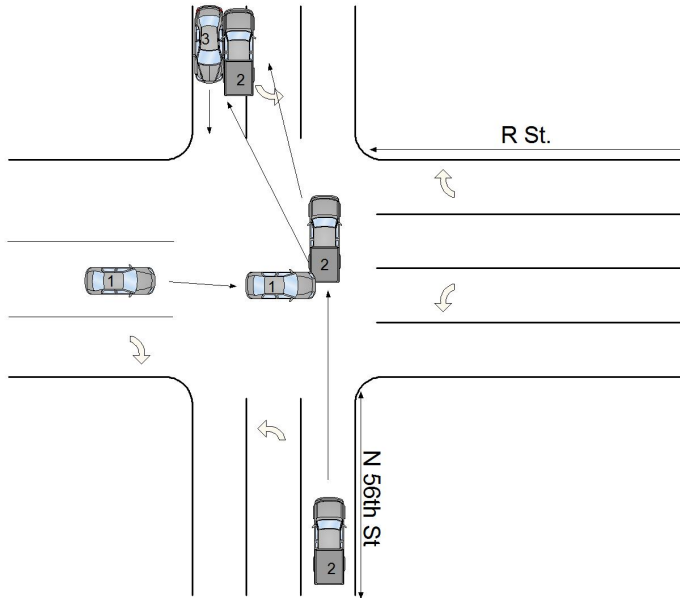
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084947



POI 1 (veh 1 vs Veh 2)
25'6 E of W curb of N
56th
12' N of S curb of R st

POI 2 (veh 2 vs Veh 3)
7'3 E of W curb of N
56th
73 N of N curb of R St



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated she was EB on R st and stopped at N 56th for a red traffic signal. D1 said her light turned green and she entered the intersection colliding with Veh2. D2 states he was NB on N 56th crossing R st. with a green light and Veh1 suddenly entered the intersection and collided with his veh. Mooney said he was directly behind Veh1 and it stopped for the red light but then violated the light entering the intersection. Deschuiteneer was next to Veh1 in the turn lane and said she entered the intersection, after stopping, against a red traffic signal.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Arley J Mooney 200 W F st, Lincoln, NE 68508				PHONE 4028051053
	NAME Brian j Deschuiteneer 6824 Dudley St, Lincoln, NE 68505				PHONE 4024162427

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		
1			X		R st		POINT OF IMPACT	08	POINT OF IMPACT	06	4	4	2	2	Driver No. 1	4	Driver No. 2	2	
2	X				N 56th St		MOST DAMAGED AREA	08	MOST DAMAGED AREA	06	4	5	2	2	ALCOHOL TESTING	Y	Y	Y	
1	01	06 Turning left				08		06		1 Deployed - front		1 None used - vehicle occupant		ALCOHOL LEVEL TESTED		N	X	N	
2	01	08 Entering traffic lane				08		06		2 Deployed - side		2 Lap & shoulder belt used		BAC LEVEL		1		1	
01 Essentially straight ahead				09 Leaving traffic lane				02		3 Deployed - both front/side		3 Shoulder belt only used		ALCOHOL/ DRUGS SUSPECTED					
02 Backing				10 Parked				03		4 Not deployed		4 Lap belt only used		1 Neither alcohol nor drugs suspected					
03 Changing lanes				11 Slowing or stopped in traffic				04		5 Not applicable/ No airbag available		5 Child safety seat used		2 Yes - alcohol suspected					
04 Overtaking/ Passing				12 Other				05		6 Unknown		6 Child booster seat used		3 Yes - drugs suspected					
05 Turning right				13 Unknown				06		VEHICLE 2		7 DOT approved helmet used		4 Yes - alcohol & drugs suspected					
										VEHICLE 2		8 Costume helmet used		5 Unknown					
												9 Restraint use unknown							
OFFICER NO. 1294				TROOP/ TEAM/ BEAT 2				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
INVESTIGATOR NAME (Print or Type) Cameron Cleland				INVESTIGATOR SIGNATURE Approved by Cameron Cleland				DATE OF REPORT 09/14/2015											

215037353
60211

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

036

Agency
Case
No.

B5-084947

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

09/13/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. N 56th St

VEH. #

VEHICLE NO. 3

VEH. #

3

DRIVER
LICENSE

NO.

H13018808

STATE
(Of License)

NE

SEX

☐ FEMALE
☒ MALE

3

M
01

DRIVER
ANDRES A CRUZ

PHONE

5156649302

LOCAL NO.

1.

N
1

DRIVER ADDRESS
1118 10th St, Storm Lake, IA 50588

CITY, STATE, ZIP

DATE OF
BIRTH
(MM / DD / YYYY)

02/04/1964

2.

O
2

OWNER
Ricky A Teske

PHONE

LOCAL NO.

03-18-1960

3.

OWNER ADDRESS
611 N 15th, Bismark, ND 58501

CITY, STATE, ZIP

CITATION

☐ PENDING ☒ YES
☐ NO

CITATION NO.

LB478338

3.

P
1

LICENSE
PLATE

PA

NO. KRB012

YEAR
(Plate Expires)

2015

STATE
(Of Plate)

ND

4.

Q
1

VEHICLE

YEAR

2000

MAKE
Pontiac

MODEL
Grand Prix

BODY STYLE
4 door Sedan

COLOR
silver / chrome

ESTIMATED DAMAGE
☒ TOTALED \$

5.

VEHICLE ID
NO. (VIN)

1G2WJ52J6YF109859

INSURANCE COMPANY

State Farm

18

TOWED TO

101 Charleston

TOWED BY

Capitol Towing

POLICY NO.

032 7506-F01-34

6.

35

VEH. #

VEHICLE NO. 4

VEH. #

4

DRIVER
LICENSE

NO.

STATE
(Of License)

SEX

☐ FEMALE
☐ MALE

4

M

DRIVER

PHONE

LOCAL NO.

1.

N

DRIVER ADDRESS

CITY, STATE, ZIP

DATE OF
BIRTH
(MM / DD / YYYY)

2.

O

OWNER

PHONE

LOCAL NO.

3.

OWNER ADDRESS

CITY, STATE, ZIP

CITATION

☐ PENDING ☐ YES
☐ NO

CITATION NO.

3.

P

LICENSE
PLATE

NO.

YEAR
(Plate Expires)

STATE
(Of Plate)

4.

Q

VEHICLE

YEAR

MAKE

MODEL

BODY STYLE

COLOR

ESTIMATED DAMAGE
☐ TOTALED \$

5.

VEHICLE ID
NO. (VIN)

INSURANCE COMPANY

POLICY NO.

6.

VEHICLE MOVEMENT BEFORE COLLISION				
VEH NO.	N	S	E	W
3		X		
4				
3	01			
4				
01	Essentially straight ahead			
02	Backing			
03	Changing lanes			
04	Overtaking/ Passing			
05	Turning right			
06	Turning left			
07	Making U-turn			
08	Entering traffic lane			
09	Leaving traffic lane			
10	Parked			
11	Slowing or stopped in traffic			
12	Other			
13	Unknown			

POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)			
VEHICLE 3		VEHICLE 4	
POINT OF IMPACT	08	POINT OF IMPACT	
MOST DAMAGED AREA	08	MOST DAMAGED AREA	
00	None	02	
09	Top & windows	03	
10	Undercarriage	04	
11	Total (all areas)	05	
12	Other	06	

AIRBAG DEPLOYED VEHICLE 3			
	1		
	1		

1 Deployed - front
2 Deployed - side
3 Deployed - both front/side
4 Not deployed
5 Not applicable/
No airbag available
6 Unknown

RESTRAINT USE VEHICLE 3			
	2		
	2		

1 None used - vehicle occupant
2 Lap & shoulder belt used
3 Shoulder belt only used
4 Lap belt only used
5 Child safety seat used
6 Child booster seat used
7 DOT approved helmet used
8 Costume helmet used
9 Restraint use unknown

TOTAL OCCUPANTS	VEH 3	2	VEH 4
ALCOHOL TESTING	Driver No.	Driver No.	
ALCOHOL LEVEL TESTED	Y	X	Y
BAC LEVEL			
ALCOHOL/ DRUGS SUSPECTED	Driver No.	Driver No.	
	3	4	
	1		
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

Complete this section for all injured persons				DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.			

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-084947

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1294		TROOP/ TEAM/ BEAT 2		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Cameron Cleland			INVESTIGATOR SIGNATURE Approved by Cameron Cleland		DATE OF REPORT 09/14/2015